

NC DIVISION MH/DD/SAS DWI MONITORING TOOL -2

Areas that are not met are documented on the Review Summary and Exit Form. Forms are signed by the Provider indicating an awareness of areas that may require training or request for additional documentation as required by Office of DWI Services.

PROVIDER NAME/CITY/COUNTY:	FACILITY CODE :	
CONSUMER NAME/RECORD #:	CONTROL #	
Treatment Plan Date (ADETS = N/A):	Service Date:	
Service Event Rating Code 0 = NOT MET; 1 = MET; 9 = NOT APPLICABLE		RATING
SECTION I. AUTHORIZATION STATUS, POLICIES AND PROCEDURES:		
1. Provider's Facility Code/ADETS Provider Approval is current and in accordance with 10A NCAC 27G.3806.		1.
2. Providers serving non-English speaking clients comply with 10 A NCAC 14V .3816 for ability to provide services.		2.
3. Evidence of written Substance Abuse facility policies and operational procedures. (10A NCAC 27G .0201 [Governing Body Policies]).		3.
4. Evidence of Code of Conduct for Facilities Authorized to Provide Services to DWI Offenders is posted within facility.		4.
SECTION II. STAFF CREDENTIALING/APPROVALS: List Staff Names, Credentials and Status as determined by NCSAPPB. Verify written documentation e.g., LCAS, CSAC, CCAS, SACI or written documentation from board. 1. _____ 3. _____ 2. _____ 4. _____		
5. Treatment and/or ADETS is provided by staff that is credentialed/qualified as outlined in 10A NCAC 27G, .0104, 3502, .3702, .3802, .3817 of the NC-MH/DD/SAS Rules to provide substance abuse services.		5.
SECTION III: TREATMENT SERVICES: (10ANCAC 27G. 3817 (ADETS are Excluded)) <u>List name(s) and credential(s) of staff providing the service:</u> 1. _____ 2. _____		
6. Type of Service provided: (e.g. Level 1, Level 2) <u>ADETS ONLY</u> : Answer Q6 then skip to Q11..... <div style="display: flex; justify-content: space-around; margin-top: 5px;"> ADETS (<u>Level 1</u>) ST-O-(<u>Level 2</u>) LT-O (<u>Level 3</u>) IOP (<u>Level 4</u>) I-Res (<u>Level 5</u>) </div>		6.
7. Level of treatment is deemed appropriate and based on DSM-IV TR, Admin. Rules, and ASAM Client Placement Criteria. (Exceptions noted in comment section).		7.
8. Evidence of valid treatment/service plan or Person Centered Plan includes all of the following: <div style="margin-top: 10px;"> Date of Service (indicate date): _____ Staff Signature _____ Client /Legally Responsible Person Signature _____ </div>		8.
9. Evidence of Individualized Goal (s) indicated in Treatment/Service Plan or Person Centered Plan.		9.
10. Service note contains the required elements for a valid service note. <ul style="list-style-type: none"> ▪ <u>full date</u> the service provided (month/day/year); ▪ <u>duration of service</u> for periodic and day/night services; ▪ <u>purpose of the contact</u> as it relates to a goal in the service plan; ▪ <u>description of the intervention/activity</u>; ▪ <u>assessment of consumer's progress towards the goal</u>; ▪ <u>professionals signature and credentials</u>, degree, or licensure of the clinician who provided the service. 		10.

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SECTION IV: SERVICE RECORDS DOCUMENTATION FOR DRIVING WHILE IMPAIRED, as outlined in APSM 45-2 and Records Management and Documentation Manual, November 1, 2007. Name/Credentials of Qualified Staff: _____	
11. Service Records documentation for <u>ADETS</u> service includes information regarding initial assessment to determine eligibility to attend school:* (122C-142.1) <ul style="list-style-type: none"> ▪ BAC, Driving Record, Certificate of Completion (508-R); ▪ The appropriateness of the referral to ADETS; ▪ Fees paid to Agency for School is \$160.00; ▪ Class size limited to 20 clients with a minimum of 16 hours of classroom instruction. 	11.
12. Service Records documentation for <u>Treatment</u> includes criteria for recommended Treatment level: <ul style="list-style-type: none"> ▪ BAC, Driving Record (MVR), <u>signed</u> Certificate of Completion; ▪ Evidence of appropriate Level of the ASAM placement criteria is met; ▪ Minimal contact hours over the required minimum days and scheduled weekly; 	12.
13. Documentation indicates evidence of discharge planning and referral to the appropriate level of treatment or rehabilitation in accordance with client's needs and as outlined in APSM 30-1.	13.
14. The Client Consent Form for Release of Confidential Information is present in client records and includes list of various agencies for communicating and reporting findings. (10A NCAC 27G .3807 (d)).	14.
SECTION V: PRIVACY AND SECURITY STANDARDS (HIPAA): In accordance with 42 CFR Part 2 and G.S. 122-C-142.	
15. Provider has written policy prohibiting Re-disclosure for Inclusion in the Release of Information for records that are protected by <u>Federal Confidentiality Rules</u> (42 CFR part 2) which prohibits full disclosure unless permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2.	15.
16. Provider has developed policies and procedures to ensure the privacy and security of service records including how information will be recorded, stored, retrieved, and disseminated as well as natural disasters (42 CFR part 2) .	16.
17. Provider has implemented safeguards to ameliorate any potential loss or compromise to the integrity of pertinent clinical/service and non-clinical information [e.g., financial data, personnel records] necessary to document and support service delivery (42 CFR part 2).	18.
COMMENTS: (Use additional sheets if needed)	
REVIEWER:	DATE: